2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # L03000044167 1. Entity Name GENEVA MORTGAGE SERVICES, LLC .							04-08-2005 90278 030 ****50.00
Principal Place 1221 TURNI STE 101 CLEARWATER	ER ST		Mailing Address 1221 TURNER ST STE 101 CLEARWATER, FL 33756				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032005 Chg-LLC CR2E083 (10/03)
City & State			City & State				4. FEI Number Applied For 74-3107425 Not Applicable
Zip Cour		Country	Zip	Coun	itry		5. Certificate of Status Desired
6. Name and Address of Current F							7. Name and Address of New Registered Agent
CANTON			Name				
1221 TURNER ST STE 101			,		Street Address (P.O. Box Number is Not Acceptable)		
CLEARWA	ATER, FL	33756					
;					City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
; Fi	iling Fee i	is \$50.00 y 1, 2005					Make check payable to Florida Department of State
9. MANAGING MEMBE			RS/MANAGERS 10.				ADDITIONS/CHANGES
TITLE NAME	P	IS GEORGE	☐ Defete	TITLE	1		☐ Change ☐ Addition
STREET ADDRESS					ET ADDRESS		•
CITY-ST-ZIP					-ST-ZIP	VP	☐ Change 🕍 Addition
TITLE NAME			TITL NAM		DA	UIS, ORNAIS R. DITE (0)	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS •ST-ZIP	1)	EARWATER, FL 33756
TITLE	CLEARWATER, FL 33756 CI					<u></u>	Change Addition
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STREET ADDRESS CITY-ST-ZIP	{	·			ET ADDRESS -ST-21P		
11. I bereful certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information							
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
ľ	•						, ,
SIGNAT							4/4/05 (727) 499-0311

MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE